PTO/SB/17 (05-07)

Approved for use through 05/31/2007. OMB 0651-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL			Complete if Known						
			Application Number 10		0/697,084-Conf. #9737				
			Filing Date October 31		ctober 31, 20	2003			
			First Named Inv	rentor T	Tatsuhiko TANIMURA				
For FY 2007			Examiner Name N		M. J. Thomasson				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 3714						
TOTAL AMOUNT OF PA	No. S	HO-0051							
METHOD OF PAYME	NT (check all th	at apply)							
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of x Credit any overpayments									
FEE CALCULATION	fee(s) under 37 CFR 1.16 and 1.17								
1. BASIC FILING, SEAR	CH. AND EXAM	INATION FEES							
	•		ARCH FEES	EXAMINA	ATION FEES	FEES			
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Foos	Paid (\$)		
Utility	300	150 500		200	100	1003	· did (ψ)		
Design	200	100 100		130	65				
Plant	200	100 300		160	80				
Reissue	300	150 500	250	600	300				
Provisional	200	100 0	0	0	0				
2. EXCESS CLAIM FEE	S						Small Entity		
Fee Description Fach claim over 20 (incl	uding Reissues)					Fee (\$) 50	Fee (\$) 25		
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						200	100		
Multiple dependent clair		6 ,				360	180		
Total Claims Ext	ra Claims F	ee (\$) Fee	Paid (\$)	Mul	Itiple Depende	ent Claims			
10 - 20 =	x			Fee		Fee Paid (-		
HP = highest number of total	claims paid for, if gre	eater than 20.							
Indep. Claims Ext			Paid (\$)						
4 -3=			00.00			•			
HP = highest number of inde	•	tor, if greater than 3.							
	drawings exceed R 1.52(e)), the a	d 100 sheets of paper application size fee d S.C. 41(a)(1)(G) and	ue is \$250 (\$125 f				60		
Total Sheets	Extra Sheets	Number of each	additional 50 or fra	ction thereof	Fee (\$)	<u>Fee</u>	Paid (\$)		
- 100 = 4. OTHER FEE(S)		50 =	_ (round up to a who	ole number) x		=	Paid (\$)		
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00									
SUBMITTED BY / /									
Signature Signature			Registration No. (Attorney/Agent)	29,211	Telephone	(202) 95	55-3750		
Name (Print/Type) Carl Schaukewitch Date						August 20, 2007			

PTO/SB/22 (04-07)
Approved for use through 09/30/2007. OMB 0651-0031
U.S. Patent and Trad emark Office; U.S. DEPARTMENT OF COMMERCE
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR	1.136(a) D	Docket Number (Optional)							
FY 2006	4040\\	SHO-0051							
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R			0.444.0000						
Application Number 10/697,084-Conf. #9737		iled (October 31, 2003						
For GAMING MACHINE									
Art Unit 3714	E	xaminer	M. J. Thomasson						
This is a request under the provisions of 37 CFR 1.136(a) to identified application.									
The requested extension and fee are as follows (check time	period desired	and enter the a	appropriate fee below):						
Fee		Small Entity Fe							
	20	\$60	\$						
Two months (37 CFR 1.17(a)(2)) \$4	150	\$225	\$						
Three months (37 CFR 1.17(a)(3)) \$10)20	\$510	\$1,020.00_						
Four months (37 CFR 1.17(a)(4)) \$15	590	\$795	\$						
Five months (37 CFR 1.17(a)(5)) \$21	160	\$1080	\$						
Applicant claims small entity status. See 37 CFR 1.2	7.								
A check in the amount of the fee is enclosed.									
Payment by credit card. Form PTO-2038 is attached.									
	The Director has already been authorized to charge fees in this application to a Deposit Account.								
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to									
Deposit Account Number18-0013 .	i nave enclose	ed a duplicate co	opy of this sheet.						
I am the applicant/inventor.									
assignee of record of the entire interesection Statement under 37 CFR 3.73(b)			ne)						
x attorney or agent of record. Registrat	· ·	29,211	.o).						
	_								
attorriey or agent under 37 CFR 1.34. Repistration number if acting under 37 CFR 1.34.									
100 ACC		A							
Signature		August 20, 2007 Date							
Carl Schaukowitch		(202) 955-3750							
Typed or printed name		Telephone Number							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
Total of 1 form is submitted.									

08/21/2007 MANNED1 00000094 180013 10697084 1020.00 DA 02 FC:1253